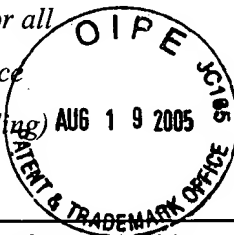


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| TRANSMITTAL FORM | Application Number | 09/696,106 |
| (To be used for all correspondence after initial filing) | Filing Date | October 24, 2000 |
| | Inventor | D.K. Dittrich et al. |
| | Group Art Unit | 2626 |
| | Examiner Name | Melanie M. Vida |
| Total Number of Pages in this Submission: 5 | Attorney Docket Number | BLD920000105US1 |

**ENCLOSURES (check all that apply)**

| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Other Enclosure(s) PTOL-85 Part B Fee Transmittal |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--|--|
| Firm or Individual Name: | David W. Victor, Registration No. 39,867 |
| Signature: | |
| Date: | August 19, 2005 |
| KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983 | |
| <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 09-0449 | |

CERTIFICATE OF MAILING OR TRANSMISSION

| | | |
|---|-----------------|------------------------------|
| I hereby certify that this Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below. | | |
| Typed or Printed name: | David W. Victor | Customer No. 46917 |
| Signature: | | |
| Date: | August 19, 2005 | |